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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****
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IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY GERMANY	SHEETS DRAWING 3	TOTAL CLAIMS 7	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	EXAMINER'S SIGNATURE <i>Oliver</i>	INITIALS <i>BMK</i>		

Verified and
Acknowledged

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TITLE
 X-ray diagnostic apparatus with image computer for direction filtering

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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